Oral Sessions

01. Cervical cancer

#67 PEMBROLIZUMAB + CHEMOTHERAPY FOR FIRST-LINE TREATMENT OF PATIENTS WITH PERSISTENT, RECURRENT, OR METASTATIC CERVICAL CANCER: BEVACIZUMAB SUBGROUP ANALYSIS BASED ON PROTOCOL-SPECIFIED FINAL OVERALL SURVIVAL RESULTS OF KEYNOTE-826

Introduction/Background

In KEYNOTE-826 (NCT03635567), pembrolizumab (pembro) + chemotherapy (chemo) ± bevaxizumab (bev) provided statistically significant and clinically meaningful overall survival (OS) and progression-free survival (PFS) improvements in patients with persistent, recurrent, or metastatic cervical cancer. In the present exploratory analysis, we examined treatment outcomes in patient subgroups defined by bev use.

Methodology

Eligible adult patients had persistent, recurrent, or metastatic squamous cell carcinoma, adenosquamous carcinoma, or adenocarcinoma of the cervix not previously treated with chemo and not amenable to curative treatment; measurable disease per RECIST v1.1; ECOG PS 0–1; and provided a tumor sample to determine PD-L1 status. Patients were randomized 1:1 to pembro 200 mg Q3W or placebo for up to 35 cycles + chemo (paclitaxel 175 mg/m² + cisplatin 50 mg/m² or carboplatin AUC 5) ± bev 15 mg/kg. Dual primary endpoints are OS and PFS by investigator assessment per RECIST v1.1 in the PD-L1 CPS ≥1, all comers, and CPS ≥10 populations. Treatment outcomes were assessed in patient subgroups defined by bev use (yes or no). Hazard ratios and 95% CIs were based on a stratified Cox regression model. Results

617 patients were randomized (pembro + chemo, n = 308 [63.6% with bev]; placebo + chemo, n = 309 [62.5% with bev]). The most common reason for bev exclusion was medical contraindication (75.9%). Pembro + chemo prolonged OS and PFS vs placebo + chemo in patient subgroups defined by bev use in the CPS ≥1 and all-comers populations (table 1). In the pembro and placebo arms, respectively, the incidences of treatment-related grade ≥3 AEs were 74.0% vs 60.4% in the with bev subgroup, and 66.8% vs 62.1% in the without bev subgroup.

Abstract #67 Table 1

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Median OS (mo)</th>
<th>95% CI</th>
<th>Median PFS (mo)</th>
<th>95% CI</th>
<th>OS HR (95% CI)</th>
<th>PFS HR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS ≥1</td>
<td>15.3 vs 11.8</td>
<td>9.78–19.1</td>
<td>6.5 vs 5.9</td>
<td>4.68–7.88</td>
<td>1.26 (1.02–1.54)</td>
<td>1.19 (0.96–1.50)</td>
</tr>
<tr>
<td>CPS 0–1</td>
<td>11.8 vs 9.8</td>
<td>8.05–15.5</td>
<td>6.2 vs 5.6</td>
<td>4.50–7.86</td>
<td>1.28 (1.03–1.58)</td>
<td>1.16 (0.92–1.48)</td>
</tr>
<tr>
<td>All comers</td>
<td>11.8 vs 9.8</td>
<td>8.05–15.5</td>
<td>6.2 vs 5.6</td>
<td>4.50–7.86</td>
<td>1.28 (1.03–1.58)</td>
<td>1.16 (0.92–1.48)</td>
</tr>
</tbody>
</table>

Conclusion

Pembro + chemo prolonged OS and PFS vs placebo + chemo regardless of bev use and had a manageable safety profile.

#320 HPV STATUS AS A TRIAGE MECHANISM IN THE FOLLOW-UP OF PATIENTS WITH ADENOCARCINOMA IN SITU AND MICROINVASIVE ADENOCARCINOMA OF THE UTERINE CERVIX – A RETROSPECTIVE STUDY

Introduction/Background

Treatment and follow-up of glandular precancerous lesions of the uterine cervix are different from squamous lesions mostly due to the risk of skip lesions (discontinuous spread of dysplasia in endocervical mucosa).

The aim of our study was to investigate the occurrence of skip lesions and assess the risk factors associated with recurrence in the patients after fertility sparing treatment for adenocarcinoma in situ (AIS) and pT1a adenocarcinoma (AC).

Methodology

We retrospectively reviewed all patients with histopathologically verified AIS or FIGO 2018 IA cervical AC treated in a single center between years 2002 and 2023. Analyzed were specimens from consecutive surgeries in order to acquire the occurrence of skip lesions. Factors associated with recurrence were assessed in 86 patients after fertility sparing treatment with availability of long-term follow-up data (mean follow-up length was 57 ± 45 months).

Results

Generally, 143 patients (112 with AIS and 31 with AC) were included in the analysis. Skip lesion was identified in 11 of 33 (33%) patients who underwent secondary cervical surgery (repeated cone biopsy or hysterectomy) in an interval shorter than 6 months. Recurrence rate after fertility sparing treatment was 9% (12% for AIS and 4% for AC).

In the follow-up, no HPV negative patient experienced recurrence. In HPV positive patients, recurrence rate was 38%. HPV 16/18 positivity was strongly associated with the risk of recurrence than other high-risk genotypes (83% vs. 10%; p=0.015, log-rank).

Abstracts

Int J Gynecol Cancer 2023;33(Suppl 3):A1–A453
CERVICAL CANCER SCREENING IN INDIA – IS HPV SELF-SAMPLING THE SOLUTION TO COMBAT THE HUGE DISEASE BURDEN?

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Introduction/Background Evidence suggest HPV based primary cervical cancer screening to be most promising. HPV-self sampling (HPV-SS) has been investigated for improving cervical cancer screening coverage in high income countries. Success of HPV-Self sampling (HPV-SS) in resource constrained countries like India, with diverse population, will depend on developing impactful beneficiary-centered health education material, social and behavioral approaches to inform and educate women towards cervical cancer and HPV-SS and on precision in performing test by beneficiaries. The current study was undertaken with objectives to determine knowledge, attitudes and practices (KAP), acceptability, barriers, agreement rates and prevalence of HPV in different population subgroups using varied methods of communication.

Methodology The current study enrolled 1600 women in age group of 30–55 yrs, from urban slums (500), urban non-slums (500) and rural (600) settings in Maharashtra, India. Information regarding cervical cancer and steps for collecting self-sample was explained by two modalities; health education by trained health personnel in health education arm and through printed pictorial depiction in the pamphlet arm. One sample for HPV testing was collected by health personnel for each participant in both arms.

Results Overall prevalence of HPV was 7.8% with no significant differences across the settings. Overall acceptance of HPV-SS was 98.4%. Awareness regarding cervical cancer and HPV-SS was similar across settings and modalities of education. The overall concordance rates between HPV-SS and health personnel collected sample was 94.8% (k=0.508, CI=0.458–0.559, p<0.001) and was similar across settings. Compliance for clinical assessment of screen positive women and for treatment was 76.8% and 80% respectively.

Conclusion The study demonstrated that HPV-SS is acceptable, feasible and implementable in India and will assist in improving cervical cancer screening coverage.